

In The News...

November has been designated National Healthy Skin Month. Did you know that your skin is the largest organ in your body? Did you also know that the average person has 8 pounds and 22 square feet of skin covering their body? Skin has many functions including waterproofing the body, protecting from disease, producing useable vitamin D, protecting against extremes of temperature, and protecting from damaging sun. Good skin health not only means keeping the skin free of cancer but also keeping it protected from drying out and excess exposure to harmful chemicals and ultraviolet radiation. But remember - some sun exposure is necessary for Vitamin D production.

For Your Information...

In the spirit of National Healthy Skin Month, this month's information section will discuss Mohs' micrographic surgery, an invaluable tool for treating skin cancers.

What is Mohs surgery?

Mohs surgery is a special type of surgery named for Dr. Dr. Fredrick E. Mohs which is used to treat certain types of skin cancers. The most common skin cancers treated with Mohs micrographic surgery are basal cell skin cancer and squamous cell skin cancer. Other types of skin cancers can be treated with Mohs surgery depending on the exact histology of the cancer.

What is the technique for Mohs surgery?

Most Mohs surgeons will only operate on someone once a diagnosis of skin cancer has been previously established with a biopsy of the lesion. The surgeon will then mark out what appear to be the edges of the tumor and remove exactly as much tissue as he/she thinks is malignant (cancerous). Markings are made on the patient and the specimen so that if additional tissue removal is necessary, the exact area of concern can be identified. The tissue will then be frozen, stained, and examined by the Mohs surgeon under a microscope to determine if any cancer cells exist at the edge of the resected specimen. Unlike conventional pathology techniques of slicing a specimen into small slivers similar to a bread loaf, Mohs surgeons will flatten a specimen and only examine the edges of the excised specimen. If all of the tumor is excised, the Mohs surgeon will not even see tumor under the microscope in the slides that he examines. If there is evidence of cancer at the edges of the tumor, the Mohs surgeon will remove additional tissue and repeat the process until there is no sign of tumor.

What is different about Mohs surgery compared to simple surgical excision?

Conventional surgical excision of tumors involves removing not only the tumor but some amount of normal tissue. The specimen is then sent to a pathologist for evaluation. This can result in a delay between excision and reconstruction of the defect. Since Mohs surgeons examine tissue at the same time as removing it, they are able to leave as much normal tissue as possible. This is especially important for cosmetically sensitive areas such as the nose, ear, and eyelid. In addition, since excision and evaluation are conducted at the same time, there is no delay in reconstruction of the defect created by the excision.

Who should consider Mohs surgery?

Mohs surgery typically is reserved for those skin cancers that have recurred following previous treatment or for cancers that are at high risk for recurrence. Mohs surgery also is indicated for cancers located in areas such as the nose, ears, eyelids, lips, hairline, hands, feet, and genitals, in which maximal preservation of healthy tissue is critical for cosmetic or functional purposes.

Is Mohs surgery covered by insurance?

Most insurance plans cover both Mohs surgery and the reconstruction after the procedure. If you have a question about the coverage of a procedure, it is always best to speak with your insurance company.

What do I do now that the cancer has been removed?

Once the cancer is removed and there are 'clear margins' (meaning that no cancer exists at the edge of the excision area), attention can be turned to closure of the wound. In some instances, the Mohs surgeon will elect to close the wound. For more complicated closure, many Mohs surgeons work with facial plastic surgeons or plastic surgeon in the area who will close the wound within a short period of time. Depending on the type of closure necessary, it may be done in the office or require a visit to the operating room with appropriate anesthesia.

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